

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H-5	866	05-31-01
RESPONSE FORMALITY REVIEW	TAP	1110	d-20-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11-25-02
2	✓	✓	11-25-02
3	✓	✓	11-25-02
4	✓	✓	11-25-02
5	✓	✓	11-25-02
6	✓	✓	11-25-02
7	✓	✓	11-25-02
8	✓	✓	11-25-02
9	✓	✓	11-25-02
10	✓	✓	11-25-02
11	✓	✓	11-25-02
12	✓	✓	11-25-02
13	✓	✓	11-25-02
14	✓	✓	11-25-02
15	✓	✓	11-25-02
16	✓	✓	11-25-02
17	✓	✓	11-25-02
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28	✓	✓	11-25-02
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48	✓	✓	11-25-02
49	✓	✓	11-25-02
50	✓	✓	11-25-02

Claim	Final	Original	Date
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52	✓	✓	11-25-02
53	✓	✓	11-25-02
54	✓	✓	11-25-02
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97	✓	✓	11-25-02
98	✓	✓	11-25-02
99	✓	✓	11-25-02
100	✓	✓	11-25-02

Claim	Final	Original	Date
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102	✓	✓	11-25-02
103	✓	✓	11-25-02
104	✓	✓	11-25-02
105	✓	✓	11-25-02
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108	✓	✓	11-25-02
109	✓	✓	11-25-02
110	✓	✓	11-25-02
111	✓	✓	11-25-02
112	✓	✓	11-25-02
113	✓	✓	11-25-02
114	✓	✓	11-25-02
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145	✓	✓	11-25-02
146	✓	✓	11-25-02
147	✓	✓	11-25-02
148	✓	✓	11-25-02
149	✓	✓	11-25-02
150	✓	✓	11-25-02

If more than 150 claims or 10 actions  
staple additional sheet here

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